

AUTOPSY

**The Memoirs of
Milton Helpern,
the World's Greatest
Medical Detective**

by Milton Helpern, M.D.,
with Bernard Knight, M.D.

Chapter 2

Poison Without a Trace- The Coppolino Trials

When people ask me the obvious question: "Which was your most memorable case?", I have no difficulty answering at all. Although forty-two years in the New York Chief Medical Examiner's Office (and a few more active years since I left) have cast up literally hundreds of memorable cases, the one that leads the field is the Coppolino case. Not only was the medico-legal aspect unique—it broke new ground in forensic toxicology—but the ballyhoo surrounding the trials was of an intensity that beat anything ever witnessed.

Now the first thing that I should explain about my involvement with the Coppolino case is that I wasn't just called in at a late stage to give expert testimony on behalf of the district attorney, either in New Jersey or Florida (the two states concerned in this bizarre affair). I was mixed up in the business long before any trials started; in fact, before the question of exhumations or autopsies had been considered.

I first heard of the case through a telephone call I received in November 1965. It was from Dr. Malcolm Gilman, the medical examiner of Monmouth County, New Jersey. He was almost a contemporary of mine at Cornell, for he graduated in 1927, just a

year after I did, and I remembered him well.

Dr. Gilman said that the district attorney in Monmouth County had asked him to call me to ask if I would discuss two somewhat unusual death reports with them. One concerned a retired army officer who had died in New Jersey in 1963, and the other a woman who had died in Florida, but who had formerly lived in New Jersey and was now buried there.

They wanted some advice as to what they should do about the strange story they had been told about these deaths and wondered if I would be prepared to help them, as I was a pretty well-known person in this kind of problem, and New York City was just across the river from them. This was not the first time I had been asked to advise the authorities in New Jersey.

I can never say 'no' to an intriguing problem in the medico-legal sphere, so I said, "Certainly, come over to our Office and we'll have a talk about it." That casual invitation catapulted me into the most extraordinary case ever to come my way.

They came across to our Office on First Avenue. Dr. Gilman brought along the county prosecutor and the sheriff from New Jersey. Also present were the D.A. and Sheriff Boyer from Sarasota County, near Tampa, Florida.

They all met with me and some of my associates from the medical school across the way, around the long conference table in the Chief Medical Examiner's Office, and showed me the remarkable document which started the whole affair.

I am emphasizing the way in which I came into this case because some people have been under a misapprehension about the relationship of our Office to this particular case—they tend to think that I was consulted just because a district attorney had decided to prosecute and wanted me to add weight to the evidence. This was not so: the prosecutions were brought *because* of what we found at the autopsies, after many months of exacting laboratory work.

Well, to get back to our roundtable conference. The extraordinary document that had brought us together had been prepared by a Mrs. Majorie Farber, who used to be a New Jersey resident but now lived in Sarasota County, near Tampa, Florida. She had become very uneasy about the death of someone she knew there, and so agitated had she become, that she talked to the doctor who had certified the death and then went to her religious minister and told him the story. He was aghast and said that she

must tell the authorities—he suggested the Federal Bureau of Investigation. So Mrs. Farber went to the local branch of the F.B.I., but they informed her that they had no jurisdiction in the matter and directed her to the local authorities. Many people have the idea that the F.B.I. exists to investigate particularly serious crimes, but in fact, they are powerless to intervene in anything but federal offenses or cases in which criminal acts transgress state boundaries.

Marjorie Farber was directed to the local custodian of the law in Sarasota County, Sheriff Ross Boyer. Now you have to see Sheriff Boyer to really appreciate him. He is a very large man indeed. He wears a ten-gallon hat, is very straightforward in his manner, and is not inclined to listen to nonsense stories.

This lady had gone to him earlier that month and said, "Sheriff Boyer, you remember that young woman doctor, Carmela Coppolino, who died last August at her home at Longboat Key, Sarasota?"

The sheriff had some recollection of the case, which had been certified as a heart attack, and said, yes, he did.

"Well, she didn't have a heart attack," announced Mrs. Farber, "She was murdered."

Now Sheriff Boyer was used to dealing with all sorts of people, some less sane than others, so he didn't just throw his hands up in the air.

"Come on now," he said. "That's not a nice thing to say. Both those good people were doctors, the wife and her husband."

But Marjorie Farber was unmoved. "She was murdered," she repeated. "Murdered by her husband, Carl Coppolino. And what's more, two and a half years ago, he murdered my husband. I know he did, because I was present when he did it."

All Sheriff Boyer could do was to say, "Well, I'll be God damned!"

He contacted the authorities in New Jersey, and soon afterward they arranged to see me, to decide the best course of action.

They then went on to tell me the facts as they knew them, but in putting the story together here, it makes more coherent reading if I piece the whole together from what was known subsequently. The details of the Coppolino saga, then, were these.

Carl Coppolino, a lean, dark, good-looking fellow in his early

thirties, had qualified as a doctor of medicine at the Downstate Medical School in New York—formerly Long Island Medical School—in the year 1958. He had become engaged, before graduating, to another student, Carmela Musetto, who was the daughter of a successful internist in New Jersey. Carmela was the apple of her father's eye, especially as she turned out to be an exceptionally gifted medical student. Carl was quite bright, too, but a colleague in their medical faculty once told me that the girl was possibly the best student they had ever had.

Anyway, Dr. Musetto took quite a liking to his daughter's fiancé, but he prevailed on him to postpone their marriage until they had graduated. In return for this, he promised to finance Carl's progress through medical school. Shortly after their graduation, Carl and Carmela were married and settled in New Jersey. The husband did a residency in anesthesiology and then became a staff anesthesiologist at Riverview Hospital in Red Bank, New Jersey.

His wife, Carmela, took a post with a large pharmaceutical company, Hoffman-La Roche Inc., working as a research physician. They had two young children, and for a time, all seemed to be working out normally. Carl continued to work as an anesthesiologist and became interested in hypnosis as a means of anesthesia—he even wrote several books on the subject.

It was around 1961 when some trouble developed at the hospital where Carl worked. A nurse-anesthetist there suddenly received four anonymous, typewritten letters, threatening her that if she didn't stop working in the hospital, she would be mutilated and have all sorts of dire things happen to her.

She immediately went to the F.B.I. with these letters, as this was a matter within the jurisdiction of the federal agency.

They very soon traced the letters to the typewriter in the office next door to the operating room, and it soon became very obvious that the author of the letters was Dr. Carl Coppolino.

He admitted making the threats but said that he had never carried them out. The root of the trouble appeared to be that he was very jealous of his position as anesthesiologist in the hospital and wanted to eliminate any possible competition.

The hospital administration thought it would be better to just let him go, as they wanted no trouble; though they later admitted that future events might have been prevented if appropriate action had been taken. Anyway, Carl was allowed to resign

without any scandal. Just before this happened, he anticipated that he was heading for trouble, so he took out a \$20,000 annual disability insurance policy with the group insurance plan of the New Jersey Medical Society.

He then declared that he had coronary heart disease—this was in January 1963—and declared himself disabled as a cardiac patient. Reluctantly, the insurance company paid out on his \$20,000 policy, but they watched him like a hawk to make sure that he didn't practice on the quiet.

Carmela was still working at Hoffman-La Roche, bringing in about \$15,000 a year; so with his disability benefit, they managed to get along.

The drama continued with the appearance of new neighbors on Wallace Road in Middletown, where they lived. These were the Farbers—the husband was a retired army colonel, William Farber, who was fifty-four years old, and the wife was the lady who was so to surprise Sheriff Boyer, Mrs. Marjorie Farber, a lady of about fifty, but still quite attractive.

The Coppolinos and the Farbers had first met on the street in Middletown, then at a Christmas party, and from then on their social contact rapidly widened—though it would seem that the mainstay of the friendship was between Carl and Marjorie. Marjorie Farber suffered from a chest condition and was always coughing, a disorder she blamed on her compulsive smoking. She said one day that she wished she could find a way of giving up the habit, and it was Carmela who suggested that she consult Carl about her problem, as he was a proficient hypnotist. The next day she rang Carl, who was not at home. She left a message, and within fifteen minutes he was at her home, giving her the first of his mesmeric treatments.

From then on, their intimacy grew rapidly, and they later admitted that they became lovers from about February 1963. In March, Carl decided that he needed a holiday in Florida for the sake of his heart. When Carmela said she couldn't take time off from her job to go along with him, Marjorie Farber took him south "to look after him," apparently with the knowledge and consent of Colonel Farber and Carmela.

What the colonel thought of this arrangement we never really got to discover. He had been a line officer in the service and had been very active in the war in the South Pacific. After leaving the army, he took a degree at the University of Maryland and then

moved to New Jersey. He had a job with an insurance company in Manhattan and commuted to the city every day.

As Carmela also went every day to her work at the Hoffman-La Roche plant in Nutley, New Jersey, Carl and Marjorie had plenty of opportunity to indulge in propinquity, or whatever you like to call it. She later testified that he continued to practice hypnosis on her, and it was this that caused her to remain infatuated with him. According to Mrs. Farber, she was a little worried about his heart complaint, especially the effect of all his amorous activity, which occurred at least once a day, and more often when they were in Florida or Puerto Rico.

Well, the convalescence trips began to multiply because of Carl's poor heart, which prevented him from working, though it didn't seem to stop him from indulging his passions. He went to Florida, Bermuda, and Puerto Rico during the first half of 1963, each time taking Mrs. Farber with him. The insurance company eventually began to get a little disgruntled, and apparently so did Colonel Bill Farber.

It seems that there never had been much liking between the two men, as might easily have been expected. Carl disliked Farber, and according to Marjorie's later testimony, he once said, "That man has got to go."

Now I'll just relate what was reported to have happened in Middletown on July 30, 1963.

During the evening, the two Farber children came across to the Coppolino house, in search of their mother. They said that they couldn't wake up their father, and there was a notice on his door which said: "Don't disturb Daddy. He's sleeping." This story was confirmed later by the maid at the Farber house.

Now Carl, who was afraid to be seen practicing any sort of medicine because of his disability pension, sends over his wife, a currently licensed physician, to see what is wrong at the Farber's. She telephones back shortly afterwards to say that she had found Bill Farber dead.

"He must have had a heart attack," says Carl, though in fact the colonel had led a very active life, with no signs or symptoms whatsoever of any cardiac trouble.

Carl then told Carmela to issue a death certificate, even though she was not Farber's regular physician and had never attended him for any ailment. Legally, she had no right to sign out the death. It should have been reported to the medical

examiner as a sudden, unexpected death of someone not under a physician's care.

But Carmela did as her husband told her and wrote a death certificate for "occlusive coronary artery disease."

"You know *I* can't sign it," said Carl to her, "I'm on total disability." He told her to use coronary disease as the cause, as he knew these deaths are most common, especially in men of fifty-four. They rarely get questioned, and the certificate was accepted without query by the health department.

A funeral director came and removed the body, and eventually it was buried with military honors in Arlington National Cemetery.

So now we have the colonel, decked out in his best dress uniform, his medals pinned on his chest, mouldering in a wet grave in Virginia.

Almost two years later, in the middle of 1965, the Coppolinos moved to Florida. Carmela's father, Dr. Musetto, loaned them the money to build a new house at Longboat Key, Sarasota County, not far from Tampa, in northwest Florida.

It seems that the affair between Carl and Marjorie Farber had continued for most of the intervening time, but it cooled off at the time of the move. She said she had not been intimate with him since leaving New Jersey—a few weeks after the Coppolinos relocated, Marjorie also shifted to Sarasota and actually bought a plot of land for a house right next door to Carl and Carmela!

There was a month between the move of the two families. Carl, being a fast worker, had in this time already discovered another lady, Mrs. Mary Gibson, an attractive brunette in her late thirties. She had met Carl at a bridge club, and very soon they were going around together.

It seems that Carl asked Carmela for a divorce, but being a devout Italian Catholic, she would not consent and became very upset. According to Marjorie Farber, it was on the very next day that Carmela was found dead.

To go back a little, Carmela was a physician licensed to practice in New Jersey, but not in Florida. She wanted to take the state medical board examinations, so that she could take a job there. Another local woman doctor, Juliette Karow, was helping Carmela prepare for the Florida examinations. Carl was still on his disability and was not working. Carmela had had to leave Hoffman-La Roche on leaving Middletown, so they would have

virtually no additional income until she could get another medical post.

At six o'clock on the morning of August 28, 1965, Carl Coppolino rang Dr. Karow and asked her to come over right away, as he had found his wife dead in bed.

The local doctor hurried to the new house on Bowsprit Lane, in Longboat Key. She got there twenty minutes after the phone call, and Carl met her at the door. "She's dead," he said, leading her to the bedroom.

Dr. Karow found Carmela dead in bed, lying on her right side. The bed looked undisturbed, but the body seemed to be in a most uncomfortable position, according to Juliette Karow. She had some initial misgivings, as the upper surface of Carmela's face was discolored, rather than the lower part where blood would be expected to settle after death, due to gravity. The doctor was also puzzled that the hand on the lower side of the corpse was not swollen, in comparison with the other one, though I don't really see the relevance of that.

Once again, Carl claimed that his wife had complained of chest pains the previous night, but had refused to call a doctor.

He also said that he and Carmela had gone to bed at about ten the previous night (in their separate twin beds) and had each drunk one bloody mary at that time. He had slept all night, and when he woke just before six o'clock, she was dead in her bed, just as Dr. Karow saw her. "She must have had a heart attack," he said.

Well, Dr. Karow was rather concerned. She knew nothing of the medical history of these new arrivals in Florida, and as far as she knew, Dr. Carmela Coppolino was a healthy thirty-two-year-old woman. But her husband was also a physician; there was nothing at all suspicious about the family situation. They seemed a normal young couple with two small children, recently established in this new housing development. Who was she to argue with the physician-husband's diagnosis? The only odd thing was that fatal coronary disease is very uncommon in women of Carmela Coppolino's age—much less common than in men of comparable years.

Dr. Karow felt that it was probably all O.K.; physicians generally, by inclination and training, have a low suspicion index and are conditioned into believing most of what their patients tell them. But she did the right thing in the

circumstances and called the sheriff's department to report the death. They told her that they would send an investigator and also an escort to remove the body for an autopsy.

Dr. Karow then called the county medical examiner, Dr. Millard White, but he said the sheriff's office had not referred the case to him, so he suggested that they get a funeral director to remove the body to a funeral home.

There was an administrative mix-up right off the bat. Dr. Karow rang the sheriff's office and was told that Bowsprit Lane was not in the county area of jurisdiction, so she phoned the Longboat Key police department, and they came over. In fact, Chief Corsi himself came, but he arrived just as the undertakers were trundling out the body. He asked to see Carl Coppolino but was told he was too distressed. Now the police officer knew that the deceased was a doctor; that the husband was a doctor; that there was another doctor on the premises; and that she had already phoned the medical examiner, who had authorized the removal of the body. So Corsi understandably was satisfied that all the doctors must be on the level and therefore did not apply the strict letter of the law, which required that Dr. Millard White perform an autopsy. He should have done so, because a few years earlier a law was passed in Sarasota County making an autopsy mandatory in all cases where the deceased had not been attended by a physician. This legislation followed an embarrassing case, where a physician had certified the death of a fat lady as being due to coronary disease, but her "heart complaint" was later traced to a stab wound in the chest from an ice pick!

Now in that county, an unsatisfactory state of affairs existed whereby the medical examiner could not himself order an autopsy but had to await a police or D.A.'s request. As Chief Corsi did not do this, Carmela Coppolino's body went unexamined by anyone.

All this points up the moral that when you fragment responsibility, something is sure to go wrong. In the New York system, all the responsibility is held by one person, the chief medical examiner, and if there is a foul-up, then everyone knows immediately where the blame lies.

By now, Dr. Karow felt she had fulfilled all her legal obligations in the matter, as she had notified all three, the sheriff, the police and the medical examiner—and no doubt she

was justified in feeling that she could do no more.

Carmela had been found dead early in the morning. The Coppolino children were taken in by a neighbor, but later in the day, they went to stay with Mary Gibson, who was soon to become the second Mrs. Coppolino. Carl did not get in touch with Carmela's parents in New Jersey until that evening, though they had been informed of the death by another daughter, Angela Imhof, about six o'clock that evening.

The father, Dr. Musetto, had two rather obscure telephone conversations with Carl, who was in a highly emotional state and incoherent. But the elder doctor managed to ask him what the cause of death was and was told "a heart attack, a massive myocardial infarction."

Then he asked Carl if the medical examiner had seen the body and performed an autopsy. Carl said, "Yes, Doctor White has done an autopsy—he just called to tell me that it was a massive coronary occlusion."

Now this was significant—however emotionally upset Coppolino might have been, no mere confusion or slip of the tongue could have led him to lie about the autopsy. Dr. White had never telephoned him about the results of any autopsy, because there had never been one—by Dr. White or anyone else.

Carmela's father was himself an experienced physician, with a lot of background in cardiology. He found it hard to accept that a previously healthy girl like his daughter had suddenly died of a coronary attack, which is virtually unknown in women of her age. But he had little grounds to dispute it, as he had just been told that the official medical examiner had done an autopsy and discovered a heart condition. So arrangements were made for the embalmed body to be shipped back to New Jersey for burial.

Five weeks later, Carl Coppolino was married again—not to Marjorie Farber, his former mistress, but to the rich divorcée, Mary Gibson.

In the subsequent trial, Coppolino's defense counsel, F. Lee Bailey, used the phrase "Hell hath no fury like a woman scorned" as one of the main planks of his defense. He was referring, of course, to the state of mind of Mrs. Farber when she found that her ex-lover, for whom she had moved from New Jersey to Florida, had suddenly married a comparative stranger, right under her nose! Bailey contended that Marjorie's

accusations were all fabricated in order to railroad her boyfriend into a murder charge. But the Farber denunciation was worth being taken seriously by the authorities, especially as it meant that Mrs. Farber was putting herself in dire peril of suspected involvement in a murderous conspiracy to kill her own husband.

The story she narrated to Sheriff Boyer (and later testified to at Coppelino's trial) was sufficient to rock him out of his usual imperturbability and make him exclaim, "Well, I'll be God damned!"

She told him that back in New Jersey, just over two years earlier, Carl had decided that her husband, Colonel Bill, had to go.

You remember that I said earlier that Carl felt that William Farber had become antagonistic and insulting toward him over the developing affair with his wife. At Coppelino's trial for Farber's murder, Mrs. Farber testified that Coppelino gave her an undetectable drug which was supposed to kill instantly. It was called succinylcholine and is used to cause muscle relaxation during surgery, so that the abdomen and other areas can be operated upon without difficulty. Too much of the drug will cause widespread paralysis of all muscles, and this can cause death by failure of the chest muscles to maintain breathing movements.

Marjorie testified that Carl gave her a syringe and needle and some white powder. He told her to dissolve the powder in water and inject it into her husband when he was asleep. She said that she was still under a hypnotic spell that had begun when he had used hypnosis to cure her of smoking.

She was in a great state of conflict within herself, her natural abhorrence of this act clashing with the mesmeric state that Coppelino had induced in her. Marjorie was supposed to administer the injection on a Sunday night, but when she had gone as far as taking the hypodermic and powder out of the envelope, she couldn't continue.

On the next night, she paced the house trying to decide what to do, then filled the syringe and went to the bedroom where her husband was asleep. Colonel Farber was lying on his side, and she jabbed the needle into the top of his leg and started to push the plunger down. Then she froze and couldn't bring herself to carry on. At that point, Bill Farber woke up and complained of

having a charley-horse in his leg. He staggered to the bathroom and was immediately ill with diarrhea, gasping and in general very distressed.

His wife phoned Carl to come, and he hurried over in the middle of the night. He gave Farber another type of injection to quiet him, and asked Marjorie to get a plastic bag. She says she didn't know what he wanted it for, but she fetched one that had come from the dry cleaners. He put it over Farber's head and started to suffocate him, but the poor victim began vomiting.

According to Marjorie's testimony she was now yelling at Carl to "stop doing that," so Coppolino left Farber alone. It seems that he went home then, after telling Marjorie not to wash the pillow case upon which Farber had just vomited.

Carl came back to the house about one o'clock the following afternoon and gave Bill Farber another injection of a sedative, which made him sleepy, but soon Marjorie testified that she heard a violent argument going on. Farber was apparently telling Coppolino to clear out.

Carl stalked out of the bedroom to the room where Marjorie was and in great anger said, "The bastard's got to go. He's threatened me and my family. Nobody is going to talk to me like that!"

He began taking out his syringe again, but Mrs. Farber begged him to go and leave them both alone. Carl went back into the bedroom and she followed, by which time she thought that he had given Bill another injection.

Coppolino said, "He's a hard one to kill; he's taking a long time to die."

Then, she testified, he took a pillow and placed it on Farber's face, leaning on it with both his hands so that the weight of his body was pressing on the pillow. After a time, he told Marjorie to wipe some blood off Farber's hand, perhaps where the injection had been given. Then he removed the pillow and lifted an eyelid, to make sure Farber was dead.

Carl turned the body onto its side, saying, "I want him to look like he died in his sleep."

He told Marjorie to write the note about "Daddy is sleeping—do not disturb," and pin it to the door.

This was the incredible story that Marjorie Farber brought to Sheriff Boyer, two and a half years after the event. She said that she did not believe that Carmela had died a natural death, and

she had already spoken to Dr. Karow and others before coming to Boyer.

Well, that was the story—but what to do about it?

After this conference in our Office in New York, it was agreed that a disinterment of Carmela's body would be the best way to start. She was the more recently dead, only three and a half months had elapsed when I eventually performed the autopsy in the middle of December 1965.

It was suggested that the examination be done in New Jersey, but as the death took place outside the state anyway—in Florida—and we had much better facilities in New York, it was decided that the autopsy would be performed in the Manhattan Office of the Chief Medical Examiner, where there is so much activity that the case would not excite any curiosity.

As the story concerning Carmela's death revolved around the possible use of succinylcholine, a drug used in anesthesia, I got in touch with a colleague to get the best possible expert advice. This is one of the advantages of a medical examiner's office being in a close geographical and professional relationship with various university and hospital departments. You just can't work in isolation, and on many occasions I have been very glad of the available advice of anesthesiologists, dentists, radiologists, neurologists, anatomists, and a host of other specialists that I can call upon when some special need arises. This time, I was glad of the help of my good friend, Dr. Valentino D.B. Mazzia, who was professor and chairman of the Department of Anesthesiology at New York University School of Medicine, with whom my office had been working on a project concerned with operating room fatalities. I asked him to sit in on the conference as a consultant and to give his opinion on the possibility of proving the presence or absence of the drug in the body.

Dr. Mazzia told us that succinylcholine was rapidly broken down in the body into succinic acid and choline, both of which are normal constituents of the tissues. As far as he knew, this rapid breakdown had so far prevented any chemical detection of the drug in the body, and he was not too optimistic about recovering proof, especially in an embalmed body that had been buried for over three months.

However, we had to investigate the case and to look for the alleged coronary disease already revealed by Carl's imaginary

autopsy, as well as for any other disease or injury.

As far as the drug aspect was concerned, this was an all-time first, an autopsy search for a medicinal chemical compound never before detected in a body, alive or dead. Furthermore, it might be the main evidence in a trial for murder, which at that time still carried the death penalty. Thus, a heavy responsibility lay on our shoulders.

I began the examination on December 17 in the special well-ventilated, air conditioned autopsy room in the big new department on First Avenue. We did it in the accessible special room where all the routine cases with any decomposition were done, so that no suspicion or comment would be aroused, as it might have had we hidden ourselves away in a closed room. No one was particularly curious or came in to ask what was going on that was so special.

I began by cleaning off the macerated skin to look for a needle puncture, though I was a bit pessimistic about finding one after the body had been in the ground for three and a half months. However, it was in a fairly good state of preservation, and as I took the surface film off the skin, I hoped to get a glimpse of some suspicious mark. Had I been doing this autopsy without knowing the history of the case, I might well have missed the perforation which shows how important it is to have all possible information at hand before you begin.

Well, we turned the body onto its front as it was rolled on the table, washed the skin, and examined the buttocks. There was the puncture as plain as the nose on your face: a tiny pink spot, marking the skin of the outer upper quadrant of the left buttock.

I pointed it out to my assistants, who asked skeptically, "How do you know it's a needle puncture mark?"

"Because it looks like one," I said. "Let me take a photograph and then we'll see what it is."

I made an incision through the skin, right down through the fat of the buttock—and there, extending down from the surface, was a red streak right into the tissues under the skin—as obvious as the day it was made. It penetrated the skin and passed right through the fatty layer of the buttock, leaving a little trail of hemorrhage that terminated in the gluteal fasci like the exhaust of a high-flying airplane. After perforating the fascia (the fibrous layer beneath the fat), it passed into the gluteal muscle where it was obscured, but no doubt it entered the muscles of the

buttock. The embalming of the tissue had preserved it sufficiently so that the typical appearance one sees from an intramuscular injection on a fresh corpse was easily evident even three and a half months after death.

Now nothing at all in Carmela's medical history suggested that she had had a deep intramuscular injection shortly before death. (It had to be shortly before death, for the track would have healed up and been absorbed within a few days.) She was supposed to have been in perfect health, which was why people were so surprised to hear of her sudden, unexpected demise.

So what had been the purpose of this injection? For the streak could be nothing other than the track of a needle.

The track was about one and a half inches long, and I saved all the tissues we needed for the most extensive analysis. I took the skin from around the puncture mark and all the fat and muscle from the region. I also preserved corresponding material from the opposite, unpunctured buttock, to act as a control for any analytical techniques that might be carried out.

The rest of the autopsy revealed absolutely nothing in the way of abnormalities. Carmela's heart—which allegedly had killed her—could not have been healthier. This was never even raised at the subsequent trial as an issue—the defense knew that with a heart as healthy as that, they had not the slightest hope of clouding the issue by trying to assert that she had died of natural causes. There was nothing anywhere else in the body that suggested any disease or injury that might have contributed to death. Carmela was a perfectly fit young woman—except that she was dead!

I refrigerated at low temperature all the tissues saved for analysis and turned them over to my chief toxicologist, Dr. Charles ("Joe") Umberger.

Now Joe is a man who will not be pushed. Believe me, he can be like a Missouri mule; he cannot be hurried or intimidated into doing something or finding something, unless it is done at his pace and to his satisfaction. It was later insinuated that I told him, "Your job is to find succinylcholine, Joe," but if you knew Dr. Umberger, you'd know how laughable that suggestion is.

Joe Umberger worked on the tissues for a long time. There was a heavy load of other routine laboratory work to get through, and you must remember that this was an absolute first.

He had to develop methods to detect the breakdown products of succinylcholine, apply them to the tissues, and satisfy himself beyond any doubt that they were present and that they were not merely normal constituents in the quantity found. These tests took a number of months to complete. As Joe later explained, it was impossible by the methods of toxicologic analysis to find the original substance in the body, as succinylcholine is broken down within minutes to succinic acid and choline. Although these two compounds are normally present in dead tissue, they are there in such small quantities that ordinary techniques fail to detect them.

Joe Umberger devised a method that would show up abnormally large amounts of the two substances but would not react with the minute quantities normally present. Using this technique, he eventually proved to his satisfaction that there was an abnormally high concentration of succinic acid in the organs of the body. He could not show that there was an excess in the left buttock itself, as he could not apply the technique to fatty tissue.

Now we had another break, again thanks to the proximity of a large medical school like New York University. Dr. Valentino—or "Tino" as we called him—Mazzia continued to be a great help to me; he even volunteered to test the effect of succinylcholine on an unanesthetised person—himself! He already knew a lot about the drug, but Tino is one of those enterprising people who—when he wants to know something about a substance—experiments first hand. He injected himself with a paralyzing dose of succinylcholine, keeping a mechanical respirator alongside in case of emergency. Subsequently, he was able to describe exactly what happened—it rendered him completely helpless, but he retained consciousness. Eventually his breathing stopped, so if the respirator had not been available while the drug wore off, he might well have died from asphyxia. This very important piece of evidence was introduced at the trial.

But even more important was Dr. Mazzia's help in putting us in touch with yet another expert on the faculty of medicine at N.Y.U. Tino was a good friend of Dr. Bert LaDu, professor and chairman of the Department of Pharmacology. Now Bert LaDu was an expert on succinylcholine and undoubtedly knew more about its pharmacology than anyone else in the country. He had been working on the recovery of the drug from the body tissues

and especially on perfecting methods of recovering it from fatty tissues—a research project tailor-made for our urgent need in the Coppolino case.

A shy man, Dr. LaDu asked Mazzia to inquire whether I would allow him to work on the buttock material, which had so far been useless to our own toxicologists.

I was only too glad to let him have it, both the sample with the needle mark and the opposite buttock, which was intact except for some small bruises. They had been under lock and key in a deepfreeze since the autopsy and were in good condition, even after storage for a year or so.

So Bert LaDu went off with the tissues and worked away in his own laboratory at the medical school. I carefully made a point of not going near him or asking him about his progress, as I didn't want any insinuations or suggestions made that I was hounding him into providing an answer that would suit the prosecution's purposes.

About a month before the trial, I ran into Dr. Mazzia, who asked me if I had heard from Dr. LaDu. I said no, I hadn't heard a thing. "Well, Bert's found the stuff around the needle tract in the left buttock," he disclosed.

This was the clincher. Apparently, succinylcholine breaks down into a monocholine derivative that is stable in fat, and Dr. LaDu had found a positive reaction for this around the needle track and a less intense reaction in the surrounding fat of the buttock, fading out as the distance from the needle puncture increased. In the right buttock, there was no reaction at all. The embalming process had actually helped preserve the monocholine by its acid effect on the tissues.

This, together with Joe Umberger's discovery of abnormal amounts of succinic acid in the other organs, was cast-iron proof that a large dose of succinylcholine had been injected into Carmela's left buttock shortly before her death. Many experiments were run on patients who had died in the operating room after having received succinylcholine in therapeutic doses, with negative results, and the analytical technique was so accurate that there could be no doubt that a large amount of the drug had been given.

Now I was the *pathologist* in the case—I knew little or nothing of the complicated chemistry involved in the analyses—but when I received the test results, I used them, in conjunction

with the story of the circumstances and with the completely negative findings at the autopsy, to arrive at the cause of death. Much was made at the trial of the fact that I had not run the tests myself—well, of course not!

But it was not the chemists who inferred the cause of death—they supplied me with information about certain analyses they had performed at my request, and I used this information in conjunction with the rest of my knowledge to arrive at a conclusion. A perfectly commonsense procedure, but not to lawyers eager to tear you to bits in order to destroy your credibility as a witness.

Well, long before the results of the toxicologic study on Carmela had become available, the law enforcement authorities wanted to know what had happened to William Farber. The autopsy on Carmela had already shown that she certainly hadn't died of a coronary, and she had a needle mark in her buttock, so Marjorie Farber's accusations seemed to have a considerable foundation of truth, sufficient to warrant having a good look at the body of the colonel in Arlington Cemetery. This was done a few months after the autopsy on Carmela, in July 1966.

William Farber had been in the ground at Arlington for three years and his cadaver was not in good shape. The skin was all rotted away, so it was impossible to find any injection marks though we did our best to search for signs of them. Thanks to the embalming, some parts of the body were quite well-preserved including the internal organs, but much of the body had been converted to *adipocere*, a white waxy substance that is formed by the action of damp on the body fat.

The authorities were very careful when the grave was opened and the body removed from the coffin. It was suggested later that the injuries we found on Bill Farber's throat might have been caused by the lid of the coffin caving in or a careless gravedigger hitting it with his shovel. Nothing of the kind occurred, and I personally supervised the removal of the coffin lining and the uniform. In this situation I never let the mortuary attendant undress the body, because of the possibility of damage and because the clothing can sometimes provide more pertinent information than the autopsy itself.

I undressed the body and found no evidence of any accident that might have contributed to Bill Farber's damaged throat. During the autopsy, I found a double fracture of the cricoid

cartilage, which is the ring of gristle that forms the upper part of the windpipe immediately below the larynx, in the front of the neck. It is commonly fractured during strangulation or violence to the throat.

Later, at the trial, Lee Bailey kept insinuating that the injuries were the result of violence during burial or exhumation. They could not have occurred in this way since although the sides of the coffin had given way, the lid was in place. The fabric of the uniform was intact except for the rotting of the cotton threads. The tissues of the extremities were rotted away, but the fabric was unmistakable. The cotton shirt was also rotted, but the nylon tie was undisturbed, and the shirt-buttons and celluloid collar stays were all there. Therefore, the insinuation that a spade had broken the larynx was pure surmise and speculation, unsupported by the slightest evidence. The coffin had not collapsed on the Colonel, and nothing had pressed on his neck after he died.

I did not expect to find any residual signs of the alleged death by smothering, as the body had been buried for over three years and was beyond any hope of providing recognizable signs of smothering. These signs are subtle enough in a fresh body—even completely absent in certain circumstances. There was no positive way of confirming Marjorie Farber's accusations against Carl Coppolino, apart from the very significant discovery of the double fracture of the cricoid cartilage. I found these fractures toward the end of my autopsy—the last thing I did was to take out the throat organs—but before removing them from the body, I felt them with my fingers. This is always a wise precaution, to avoid the later accusation that the very act of physically removing the throat structures was the cause of the damage.

But in William Farber's autopsy, I felt a queer sensation when I gently touched the front of the larynx—it felt like a cracked ping-pong ball, with no resilience in the region of the cricoid cartilage ring above the top of the windpipe.

I removed the larynx and dissected the soft tissues, carefully avoiding opening the larynx either before or after its removal from the body, so that no one could accuse me of breaking it myself. But the defense merely transferred the blame from me to the funeral director or to the supposedly collapsed coffin, which hadn't collapsed on the body at all.

Later, during the trial two pathologists for the defense hurriedly looked at the cricoid and declared that this exquisitely characteristic injury was a post-mortem artifact! How they could tell that better than I could tell it had happened during life never came to light. There was talk of the absence of blood at the fracture site, implying that the damage had been done after the heart stopped, but in my experience—which you must admit is not inconsiderable—the amount of blood found in these little fractures after strangulation is very small indeed, even when you have the tissues in the fresh state. So what hope was there of finding it after three years under the sod?

Nevertheless, the double fracture was good enough for me to offer it as a sign of violence applied to the front of the neck—which was what Mrs. Farber had described as the heels of Coppolino's hands pressing on the pillow. She thought her husband was being smothered, but the autopsy clearly indicated that he was strangled manually.

Now Colonel Farber had been certified—by Carl's wife, no less—as having died of coronary artery disease, so the state of his coronary arteries became a crucial issue at the trial.

I looked at them with great care and kept numerous samples for microscopic examination. Yes, there was coronary artery disease—it would be a rare fifty-four-year-old American male who didn't have some. But the *degree* was what counted, and in my estimation (and I have been looking at coronary arteries since about 1927, including a number of research projects on the subject) the degree of narrowing was not a competing cause of death in view of the signs of violence to the neck, classic signs of manual strangulation.

I looked at Farber's heart before I examined his larynx, and I experienced the frustration familiar to all pathologists, that I was going to terminate this autopsy without determining any satisfactory cause of death. The coronary arteries showed patches of atherosclerosis, but none was seriously blocking the bore of the blood vessels. There was certainly no complete shut-off of the coronary supply, nor even any serious deprivation of the flow of blood due to narrowing. The heart muscle was normal and did not reveal a single scar.

But of course the defense pathologists came to exactly the opposite conclusion. They considered the state of the coronary arteries such that heart disease had to have caused death. Well,

it's up to the jury to decide among the expert medical witnesses, once they qualify themselves as such to the court.

This was the state of affairs then, around the middle of 1966. An autopsy had been performed on Carmela Coppolino back in the winter and one on William Farber in July.

In the first case, my report, dated six months after the exhumation of Carl's wife, gave the cause of death as succinylcholine poisoning. The actual report read: *Liver and brain tissue showed positive chemical findings for both choline and succinic acid. Control cases examined by the same analytical procedure did not show either compound to be present. The positive chemical findings by the method employed indicated significant quantities of these substances, which, when present in normal or medicinal amounts, are not detectable. Systematic analyses of liver, brain and kidney for toxic substances other than those found in the embalming fluid or as a result of decomposition, were negative.*

Of course, at this time the results of the special researches of Dr. Bert LaDu on the buttock fat were not known or even suspected, and they came to light only shortly before the actual trial in Florida. The conclusions from the exhumation of Bill Farber, just completed, were that he had died from pressure on the neck producing a double fracture of the cricoid cartilage of the larynx, and no hope existed of identifying any possible drugs in the decomposed body. Neither did I consider his alleged coronary disease a factor in the death.

Almost simultaneously, in August 1966, two separate grand juries, one in New Jersey and one in Florida, indicted Dr. Carl Coppolino on separate charges of first degree murder. There was a legal hassle about who was to get him first, but New Jersey ultimately won the day.

However, before his trial for the murder of Bill Farber, Coppolino appeared at a preliminary hearing in Sarasota, Florida, in connection with the charge of killing his wife. His counsel, headed by the renowned and flamboyant Boston attorney F. Lee Bailey, asked for this hearing, hoping to have the case dismissed on the evidence without being sent on for a full jury trial. On the first day of September 1966, the hearing began—coincidentally exactly one year to the day from when Carmela had been buried in Boonton, New Jersey.

A few days later, I encountered the fabled F. Lee Bailey for the

first time. Although we both reside in the northeast, chance had decreed that our paths never cross in court, and in fact, I could not recall having seen him before.

I'll say at once that Bailey is an excellent lawyer. To say that he leaves no stone unturned in his fight for his client, is the understatement of the century. But his methods, I'm afraid, are jarring to the senses.

I gave my testimony about the autopsy on Carmela and the chemical findings. Then Bailey got up to cross-examine me. He eyed me rather warily and for a time proceeded with caution. Then he started to employ tactics that didn't accord with the way I was accustomed to being treated in a court of law. Perhaps an objective description may be quoted from John MacDonald's excellent account of the case in his book *No Deadly Drug*:

"How much choline?" asked Bailey. "I want to know if you have any estimation."

"I'm sorry. There was no quantitation carried out. They had all they could do to come up with the qualitative. It was a great deal of work to analyze for this substance."

"You mean the men were *instructed* to come up with the findings?" Bailey's tone was one of incredulity and indignation.

Milton Helpern was shocked, affronted, and furious. "Counsellor, that's not fair! You know I didn't say that. I resent that."

Bailey persisted in asking me what constituted a lethal dose of succinylcholine. Well, it's impossible to say. Many factors determine the amount: the speed of administration, personal susceptibility; the different rates at which individuals break it down. I knew only that if detectable amounts could be found of the two substances, choline and succinic acid, then a quantity far greater than a legitimate dose must have been given in a very short time. But Bailey kept trying to lever a fixed quantity out of me.

I said to him, "I know the drug is lethal in excess, and that is sufficient. I am not interested in the amount of it; I am interested in the effect of it. I don't have to carry the figures around in my head to say it is lethal."

At this, he snapped back at me. "This is not a carrying-around-in-your head case. You are testifying in a *capital* case!"

I nearly exploded. In MacDonald's book he says, "Bailey's

response made Helpern so angry that he came dangerously close to incoherence."

What annoyed me was Bailey's assumption that because the case was capital, the standard of evidence should be different from that in any lesser case. Why should I take the oath and change my testimony just because it was a homicide case and not a small insurance claim? Is the truth any truer in murder than in shoplifting? It makes no difference whatsoever to me if the accused person is an alleged sadistic child slayer or a poor henpecked guy who once in his life lashed out at his nagging wife. It's all the same to me. I'm there to present the medical facts as well as I can, and I deeply resented Bailey's attempt to tell me how to testify—an activity that I was engaged in some four years before he was even born.

This kind of verbal wrangling occurred now and then throughout the Coppolino affair. All the same, I had to admire Bailey's expertise, although he could be utterly ruthless as far as witnesses were concerned.

Well, the preliminary hearing didn't achieve Bailey's object, and the case was sent for trial. Already New Jersey had set the legal machine in operation to get Coppolino up there to be tried for Farber's death, and on October 5, he was escorted to Monmouth County Jail, New Jersey.

The reason for this extradition was that back in July the New Jersey grand jury had beat the one in Florida by the narrow margin of four days, so it had precedence in bringing him to trial.

In December 1966, after a long bail hearing and jury selection, the trial began, with Bailey still acting as Coppolino's counsel. He knew that if he beat the Farber charge—which was the weaker one for the prosecution—he would have a far better crack at acquittal in Florida than if the trials had been in the reverse order.

I had been ill in the hospital immediately before testifying at the Farber trial, but I was well enough by the time I arrived at the little courthouse in Freehold, New Jersey. The place was teeming with reporters, who must have doubled the population of the place for the duration of the trial.

During both the preliminary hearing in Florida and the first part of this trial, Bailey had been in frequent conflict with his opponents on the prosecution, and everyone was anticipating

that I would be raked over the coals on cross-examination. Bailey started quietly enough by asking me if my involvement in 20,000 autopsies meant that I had only supervised them. I told him gently that if he wanted to add the number I had only supervised, then he must increase the total to 60,000. He immediately diverted to another subject, as he had the clever knack of rapidly dropping any line of questioning that was proving unprofitable.

It would be tedious even to summarize all the cross-examination that went on that afternoon and again the next day, but it was a constant battle of wits; we fought every inch of the way over every facet of all the autopsy evidence and my opinion on those facts. The next morning, some of my colleagues from the Office set up a screen and projector in the courtroom and I showed pictures of the coronary arteries at numerous points, to prove that there was no place where significant blockage could explain William Farber's death.

Bailey seized on the broken cricoid cartilage and emphasized that post-mortem damage, including that caused by a gravedigger's spade or a collapsed coffin, could have caused the fracture. Equally dogged, I gave my opinion that no such explanation was valid.

After all those hours of verbal slugging, my last words were, "If I didn't have the larynx in this case, I would have to say I didn't know what this man died of."

I was the last witness for the prosecution, and when I left the stand, the state rested its case against Carl Coppolino.

The defense called two pathologists—both now deceased—to counter my evidence. The first was Joe Spelman, the chief medical examiner of Philadelphia, and the second was Richard Ford, from the legal medicine department at Harvard.

Both said more or less the same thing, that Farber had died of severe coronary artery disease, and that the absence of hemorrhage at the site of the cricoid fractures proved that they occurred after death.

This was exactly the reverse of what I had maintained during my testimony.

Well, what was the jury to do? One doctor said one thing and two younger doctors said the diametric opposite.

Perhaps they just did some arithmetic and said, "Two say this, but only one said that, so the majority wins."

I don't know and I don't care. I was there to tell the truth, the whole truth, and nothing but the truth, as I saw it. Once I've delivered my testimony, my interest is academic. The jury can do what they like with all the information they have before them.

In the Farber case, they chose to decide that the burden of proof of Coppolino's guilt was not discharged. Their foreman eventually delivered a verdict of "not guilty." According to the newspapers that wormed the story out of the jurors later, there were five ballots, starting at eight to four for acquittal, until the four eventually came across to the majority side.

While the celebrations were going on later among the defense team, Dr. Coppolino, the man it was all about, was still in the local jail. The next day, he was flying south again, under escort, to be handed over from the custody of New Jersey to Sheriff Boyer in Florida.

He had beaten one charge and was now on the launching pad for the other. During the journey, he told a reporter that for him the low point of the Farber trial was my testimony. He told F. Lee Bailey that if they lost, it would be because of my testimony. Well, that neither pleased or distressed me, for as I've said, I go to court to say my piece, and what comes of it is none of my business. Perhaps naturally enough, people (especially those in peril or their lawyers) are ready enough to accuse me of bias and partiality or succumbing to pressure from the prosecutors. The worst example of this was not in the Coppolino case, but in the long, drawn out affair of Alice Crimmins.

From the medical point of view, the second Coppolino trial was more interesting—and certainly more hectic and vituperative—than the Farber trial.

It was April 1967 by the time it took place, in Naples, Florida, and by then the whole world seemed to be homing in on the courthouse there. But my involvement began some time before the trial, and again F. Lee Bailey played a major role in the activities. He had quite properly obtained a court order to see the exhibits I had saved from the autopsy on Carmela Coppolino.

He came up to New York to examine them, with his usual colorful entourage. This took place at our Office, and I made sure that the occasion was played strictly by the legal rules. In a case of this sort, I do not like anyone working under my supervision to indulge in any small talk or chitchat about the case with the defense attorney. If he wants to find out about the

case, he must go through the proper legal channels, subpoena the witness, and have a hearing before trial in a court of record.

I do not like to have any attorneys talking to the doctors informally and then saying later, "Didn't you say this, that, or the other, Doctor?" Before you know where you are, there's a hassle, and nobody knows who said what to whom. It's not a good idea, when the case has reached this advanced stage, to encourage or indulge in loose talk, and as head of the agency, I was legally responsible for this autopsy and had to carry the can for anything that went wrong.

Now when Bailey came around to the Office with his team, Umberger was rather too willing to expand on all aspects of the case. Joe is a great chemist, but a rather unconventional guy. He would work his own hours and sometimes be up in his laboratory almost all night, working alone on a case. But in the daytime, when you wanted to get at him for some routine matter, he was often missing. Well, you can put up with that kind of thing quite a bit, as many brilliant men in the world of science have been somewhat eccentric in their life styles, but Joe tended to be a little too forthcoming and perhaps easily led into saying things that were *ex officio*.

I knew this, and I watched rather warily as Bailey got talking to Umberger. The lawyer had come with an expert of his own, and they began questioning Joe rather intensively as to what he had done, how he had done it, and what he hadn't done. Now the place for all this is the witness stand in a court of law, before a judge who will see that the rules of evidence and admissibility are strictly observed. The place for it certainly was *not* a chatty session in an office in New York. So I said to Mr. Bailey, "If you want to get Dr. Umberger into court, you are welcome to do so and to talk to him from now until next week, but not here, and not in this way."

I went on to insist that there be no further informal discussion unless we recorded the conversation and got a court stenographer to take a record of what was said. I didn't want wild versions of anything that Joe Umberger or anyone else might say being bandied about when we got to trial, so I pulled my rank as chief medical examiner in charge of the Office and forbade any further questioning of Umberger.

Bailey got mad at me and said, "Doctor Helpert, you are depriving my client of his civil rights by not allowing me to

question Dr. Umberger, a material witness in the case.”

Though I was pretty much concerned about the situation at the time, looking back on it now, the scene in the Office that day was rather ludicrous. It reminded me for all the world of one of the old Marx Brothers' films, it was such a crazy situation!

Well anyway, it was his right to object, and he sure took advantage of it. He brought a civil suit against me for the deprivation of Carl Coppolino's civil rights, and I was brought into federal court in New York.

When I was served with this suit, I went to the corporation counsel for the city of New York, my employer, and asked them if they would represent me or if I should get my own private lawyer. The city asked me, was this a private case, or was I doing it officially? I told them that my Office was doing it officially as a courtesy for another state; and that we were called on occasion for advice and expertise; and that our findings were not disclosed to the media. I wasn't getting a dime out of it—I was just offering our special facilities to another jurisdiction that needed expert help.

When they heard this, the city agreed to represent me in the suit, and we went to court. The federal judge was a woman; it was the first case she had ever handled. She was very nice and understood why I was making this stand, but she nevertheless decided that I had violated Coppolino's civil rights and instructed me not to further forbid Umberger from talking to Bailey, if the need should arise. (It never did.) I agreed and let the matter go—if it had been a New York case, I would have pressed the city to appeal, but as it was a Florida case, it was somewhat awkward to persist.

I was warned by the court that I would have to pay \$250 if I broke the ruling. (Incidentally, I was also sued for \$15,000 over this, and the money was kept in a bank, pending my behavior in the case.) Well, the whole episode evaporated after that, but this was the way F. Lee Bailey seemed to work.

This was by no means the end of the circus surrounding the second trial. When Professor Bert LaDu, the pharmacologist who detected succinylcholine in the needle track and buttock, went down to Naples to give evidence, he was approached at his hotel before the trial by Teri Plaut, a particularly attractive young woman who acted as Bailey's personal assistant. At the side of the swimming pool, she sweetly asked him, “Are you

Doctor LaDu? I'm Miss Plaut. Would you mind telling me what you found in the buttock of the deceased?"

Bert LaDu, though quite unused to court appearances, was no mug. "I'm going to testify tomorrow," he answered. "You'll hear all about it then."

The next day, when I was through testifying, Bert LaDu went on the stand and meticulously described all the tests he had done and how he had found the drug in the left buttock, most abundantly around the needle track.

Bailey was unprepared for this degree of certainty, I think. He must have figured that if Dr. LaDu had found anything really significant, he would have been put on the stand ahead of me, not after me. He began badgering him in cross-examination, asking "Didn't Miss Teri Plaut talk to you yesterday and ask you what you found?"

"Yes, she did," replied Bert LaDu, "But I didn't take that as a very formal meeting. I was in swimming, when this girl in very short shorts came up to me and began chatting about the case."

Bailey then asked him, "Did anybody tell you not to tell her anything?" He was wondering whether I had violated the order of the federal court about not forbidding anyone to talk to the defense, but of course, I'd done no such thing. Thankfully, Dr. LaDu's answer to that was "no". His evidence was so effective because it was independent, direct confirmation of Umberger's indirect findings, which had not discovered the original compound and had been done by different methods in an entirely different laboratory in the medical school. It also localized the drug to the left buttock and even to the needle track, whereas Umberger's tests only showed that a large amount must have been introduced generally into the body. The two results complemented each other and left nothing to conjecture.

The medical evidence was no doubt the major factor in bringing the jury to a verdict of "guilty of murder in the second degree," which raised a howl of protest from Bailey, who said, "How can you have a poison case and get a verdict of murder in the second degree?" It does seem a little odd, when poison murders are almost by definition premeditated, but in Florida law, the judge apparently charges the jury with the highest possible verdict, and they can bring in any other verdict below that ceiling if they think fit.

Well, Carl-Coppolino went to a Florida prison on a life

sentence, but the most acrimonious proceedings were yet to come. Bitterly disappointed at the outcome, Bailey lashed out at the prosecutor's team and the witnesses on "the other side". He went on a T.V. late night talk show, and later gave newspaper interviews, saying that Umberger would publicly announce that his testimony was in error. Mr. Bailey called my New York Office "a scandal and the source of some peremptory and sloppy opinions." He alleged that three junior chemists in Umberger's laboratory were fired because they cooperated with the defense. This was untrue, as they had been suspended for quite different reasons, but they started talking of bringing an action against me in the federal court for loss of civil rights—that gambit seemed to be getting contagious—!

Since Coppelino had been convicted, the state attorney in the case, Frank Schaub, asked for a "full investigation of Bailey and his ridiculous and highly publicized claims about the trial." (Bailey was eventually suspended from practice in New Jersey for one year.)

Bailey said that he was coming to New York with a letter for Mayor John Lindsay demanding a full investigation of my Office and its activities. He alleged that the issue affected "every criminal case" that emanates from my Office and that "any verdict based on evidence coming from the New York Office of the Chief Medical Examiner should be scrutinized by defense lawyers."

A real war of words built up, which dragged on for weeks before fizzling out because there was just nothing to substantiate Bailey's disgruntled allegations. At the end, Bailey and I were threatening to sue each other, though nothing came of it.

Well, that's all water under the bridge now, I guess, but I was pretty mad at the time. All the same, he's a very good lawyer—especially if he's on your side. And I hear that he has mellowed considerably in recent years.

Chapter 3

I Call It The Office

I was on the staff of the Chief Medical Examiner's Office in New York City for almost forty-three years, but my final twenty as chief were preceded by twenty-three years as an assistant and then a deputy chief medical examiner.

All those earlier years, as well as my first seven as chief, were spent in what was commonly known as "the Bellevue morgue," though "morgue" is a word that I dislike intensely. I have always encouraged my colleagues and employees to avoid using such a crude and gruesome term. Unfortunately, many people, especially those who work in law enforcement and the news media, tend to use the word, usually without any intention to offend. Sometimes this type of speech is used almost as bravado, perhaps as a safety valve for the rather distasteful job that constantly reminds us of our mortality. This rather aggressive, distasteful style of speech, which includes the even more obnoxious description of the mortuary ambulance as the "meat wagon," is sometimes heard among policemen, mortuary attendants, and even some doctors. The same people in another environment may act in quite a considerate manner, so I'm sure it is at least partly an overreaction to the situation, perhaps to